

Date _____

Birth Date	S.S. #
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Are you a Harwich resident? *Yes* *No*

Phone:
 () _____
 Home

() _____
 Cell

Address: _____

Mailing Address:
(If different)

Previous Address:

E-Mail Address:

Please circle yes for all that apply to you

Have you ever had a home energy audit for better fuel efficiency? *Yes No*

Are you a fuel assistance client: *Yes No (If yes, through what agency?)*

Discounted fuel: *Yes No*

Government Food Distribution list: *Yes No*

TAFDC cash benefits: *Yes No*

Food Stamps: *Yes No*

WIC: *Yes No*

Family Pantry: *Yes No*

Are you a member of the Serve New England Program: *Yes No*

Mass Health / Medicaid: *Yes No*

Social Security Disability: *Yes No*

Are you currently receiving assistance from the following agencies? *(If yes please include the dates and type of assistance received.)*

St.Vincent DePaul _____

Lower Cape Outreach Council _____

Cape Cod Times Needy Fund _____

Interfaith Council for the Homeless _____

Friends of the Harwich COA _____

Harwich Ecumenical Council for the Homeless _____

Harwich Housing Authority _____

Housing Assistance Corporation _____

Community Action Committee _____

Would you be interested in attending a Financial Literacy class offered by the Community Action Committee of Cape Cod & Islands, Inc. at no cost to you? *Yes No*

Income

How have you been meeting your financial needs?

☐ **Employment** ☐ **Unemployment** ☐ **Workers' Compensation** ☐ **Self Employment**
☐ **Social Security** ☐ **Other** _____

Please provide four consecutive pay stubs or copy of previous year's tax returns.

Please attach a letter addressed to the Harwich Town Selectman with a description of your circumstances, how the Caleb Chase once in a lifetime "Hand up" would help you and how you plan to prevent this problem from happening again in the future.

The Caleb Chase Fund is a once in a lifetime “hand up” for *Harwich residents* in need of assistance with utility bills only. I understand that the amount given cannot exceed \$700.00 and whether or not the maximum amount is awarded, I will be ineligible to apply for the Caleb Chase Fund in the future.

Name

Signature

Date

CONFIDENTIAL